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June 29, 2007

Receiver: U.S. Patent and Trademark Office
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TEL #:

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Sender: Dawn Wold for Masako Ando
Our Ref. No.: SDK1P017

Re: Application No. 10/754,483

Pages Including Cover Sheet(s): 23

Amendment Transmittal	01
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European Examination Report	05

MESSAGE:

Please enter the attached Amendment D and Information Disclosure Statement and Form 1449 in the file.

CONFIDENTIALITY NOTE

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NO. 030 P. 2

JUN 29 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Conley et al.

Attorney Docket No.:
SDK1P017/SDK0503.000US

Application No.: 10/754,483

Examiner: Campos, Y.

Filed: January 9, 2004

Group: 2185

Title: MEMORY CARD THAT SUPPORTS
FILE SYSTEM INTEROPERABILITY

Confirmation No.: 6185

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to fax number 571-273-8300 to the U.S. Patent and Trademark Office on June 29, 2007.

Signed: 

Dawn Wold

AMENDMENT TRANSMITTALMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

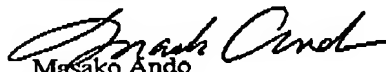
Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	35	MINUS	35	0	x 25 =	x 50 = \$0
Independent Claims	5	MINUS	5	0	x 100 =	x 200 = \$0
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$	\$0

- ☐ Applicant(s) hereby petitions for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. SDK1P017).

Respectfully submitted,
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